



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION

ONE WINTER STREET, BOSTON, MA 02108 617-292-5500

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KERRY HEALEY
Lieutenant Governor

STEPHEN R. PRITCHARD
Secretary

ROBERT W. GOLLEDGE, Jr.
Commissioner

January 20, 2006

2005 PUBLIC WATER SYSTEM ANNUAL STATISTICAL REPORT
FOR NON-TRANSIENT NON-COMMUNITY (NTNC) PUBLIC WATER SYSTEMS

Dear Public Water Supplier:

Enclosed is your 2005 Public Water System Annual Statistical Report form and Comprehensive Report with Violation Addendum and/or Open Enforcement/Inspection Actions Report. Not all systems will receive a Violation Addendum or an Open Enforcement/Inspection Actions Report. These forms must be completed and postmarked by **March 24, 2006**. You are required to submit this report annually.

Please read the instructions below carefully before completing these forms.

By completing and returning the Annual Statistical Report Form and corrected Comprehensive Report to the Department by March 24, 2006, you will have fulfilled your annual reporting requirements as a registered Public Water System, in accordance with Massachusetts Drinking Water Regulations 310 CMR 22.15. Prompt and accurate submittals also assist MassDEP in planning and implementing its drinking water programs and establishing your Safe Drinking Water Act Assessment. If you fail to complete and return these forms, you will be subject to enforcement action.

This year's Annual Statistical Report Form has gone through some major changes since the previous year. Our review was prompted in part by comments we received from outside users that identified areas that would benefit from changes and where questions needed to be expanded or reframed. Among the changes is the adoption of the U.S. EPA's new service type breakdown. Notice that this document does not apply to COM systems. A separate form is in use for COM systems. If you have received the wrong type of form please contact the MassDEP for the correct form or download it from our web page using the instructions below.

Thank you for working with the Drinking Water Program to protect Massachusetts' drinking water. This report form is now available in two formats from MassDEP's web site. Go to <http://www.mass.gov/dep/water/approvals/dwsforms.htm> and look under the heading of 'Statistical Reporting.' The pdf file can be downloaded, manually completed and returned by mail to MassDEP. The Microsoft Word file can be downloaded, completed on a computer, printed, signed and returned by mail to DEP. If you have any questions, comments or suggestions about these forms, please contact Mr. Mark T. Bolivar at (617) 292-5527 or the Drinking Water Program's Water Quality Assurance Section at (617) 292-5770.

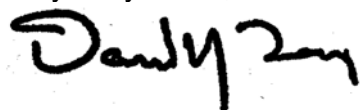
This information is available in alternate format. Call Donald M. Gomes, ADA Coordinator at 617-556-1057. TDD Service - 1-800-298-2207.

DEP on the World Wide Web: <http://www.mass.gov/dep>

Printed on Recycled Paper

MassDEP has set a goal of 2007 to have this form available to users of our eDEP electronic filing system. This will allow you to complete and submit the form electronically. We acknowledge the effort it takes to perform this filing every year and hope that changes in this year's form make it more user-friendly and easier to complete.

Very Truly Yours,



David Y. Terry, Program Director
Drinking Water Program

Attachments: Annual Statistical Report and Attachments
Comprehensive Report with Violation Addendum and Open Enforcement/Inspection
Actions Report

Directions for Completing the 2005 Statistical Report

1. Review the Public Water System Comprehensive Report with Violation Addendum (if attached). Make corrections directly on this report. If possible highlight the corrections. When you make a change directly on the Comprehensive Report, you do not need to duplicate that same information on this year's statistical report form. Simply write "SA", (see attached), for those questions. Review the Open Enforcement/Inspection Actions Report and contact your regional technical assistance provider listed below to correct or resolve any issues.
2. Complete the 2005 Public Water System Annual Statistical Report form. Some questions have an option to check "No Change". This should only be checked if your answer is the same as that on the Public Water System Comprehensive Report. Do not leave any questions blank. The spaces provided should be completed in full, marked "SA" (see attached) or have No Change checked.
3. Include your public water system identification number (PWS ID#) on all forms. Your PWS ID# is the seven-digit number that appears on the mailing label.
4. Sign the certification statement in Section A of the Public Water System Annual Statistical Report. Remember to keep one copy of this package for your own files.
5. Return to DEP by **March 24, 2006** (must be postmarked by this date):
 - **Two copies of the Statistical Report.** One of the copies of the statistical report must have an original signature, and
 - **Two copies of the Comprehensive Report with Violation Addendum and Open Enforcement/Inspection Actions Report.** (if attached)
 - **Two copies of a current Cross-Connection device inventory list**
6. Mail copies to:

Department of Environmental Protection
Drinking Water Program, Attn: STATS PROGRAM
One Winter Street, 6th Floor
Boston, MA 02108

If you need help understanding the type of data requested, please contact your regional technical assistance provider:

If your PWS ID# begins with a number one (1) call the Western Regional Office (Springfield):

Mike McGrath.....(413) 755-2202 or Daniel Laprade.....(413) 755-2289

If your PWS ID# begins with a number two (2) call the Central Regional Office (Worcester)

Paul Anderson.....(508) 767-2802 or Kelly Momberger..... (508) 849-4023

If your PWS ID# begins with a number three (3) call the Northeast Regional Office (Wilmington)

William Zahoruiko.....(978) 694-3232 or Hilary Jean.....(978) 694-3229

If your PWS ID# begins with a number four (4) call the Southeast Regional Office (Lakeville)

Scott Lussier(508) 946-2732 or Daniel DiSalvio.....(508) 946-2793

Directions for Completing the Electronic Version of the Form

1. The form requires an IBM compatible computer and Microsoft Word97 or more recent version. If you do not have an IBM compatible computer and Microsoft Word97 or higher, please use the paper version of the form or the pdf version of the form on DEP's web site. Both the electronic version of the form and the pdf version of the form can be downloaded at <http://www.mass.gov/dep/water/approvals/dwsforms.htm> under the heading of 'Statistical Reporting.'
2. Improve the look of the form by ensuring the gridlines in Microsoft Word are turned off. To turn off the gridlines, open Word, go to the Table menu, and click on Hide Gridlines.
3. To navigate through the form or move from question to question:

Forward: Use the tab key or the right arrow key.

Backward: Hold down the shift key and the tab key at the same time or use the back arrow key.

Reposition: Use the mouse to point and click. If the Enter key is pressed, you will need to press the backspace key to return to the visible field you were typing in.



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Drinking Water Program
2005 Public Water Supply Annual Statistical Report
 For NTNC Public Water Systems-Reporting Period 1/1/2005 – 12/31/2005

NTNC	
PWSID#:	
Name:	
City/Town:	

A Certification

Please use the tab key to move forward.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am authorized to fill out these forms, and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief.



Name of Certifying Person	Title
Phone Number	Fax Number
Signature of Certifying Person	Date (mm/dd/yyyy: please type in the slash in between month, date, and year.)

If you press the enter or return key, please press the backspace key until the form returns to normal.

B Public Water Supply Information

- Please review and correct the information shown on your Comprehensive Report. The Comprehensive Report was enclosed with the mailed copy of this form.
- Please review the Treatment Plant and the Treatment section of each source on the Comprehensive Report. Note that the physical address of the treatment plant is required. Failure to provide this address will result in this form being considered incomplete and enforcement action may be taken.
- Physical addresses on the Comprehensive Report must not contain PO Boxes.

- ☐ Check this box if there are no changes to your Comprehensive Report
☐ Check this box if you made changes to your Comprehensive Report

1. Public Water System: (This address must be for the party legally responsible for regulatory compliance.) ☐ No Change

PWS mailing address		
City/Town	State (please use 2 letter abbreviation)	Zip Code
Phone Number	Fax Number (if available)	
http://		
Web Site Address of PWS (if available)		

2. Owner Information:

Owner's Name (if not municipal):

3. Primary Contact: ☐ No Change

Name (First, Last) • one name only•	Phone Number
Email Address (For Emergency Purposes)	

If the mailing address is different from the one shown on the Comprehensive Report (enclosed with the mailing of this form) please fill in the mailing address.



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Drinking Water Program
2005 Public Water Supply Annual Statistical Report
 For NTNC Public Water Systems-Reporting Period 1/1/2005 – 12/31/2005

NTNC
PWSID#:
Name:
City/Town:

B Public Water Supply Information (cont.)

4. Primary Certified Operator Contact Information: ☐ No Change

Status: OIT ☐ Full ☐

Certified Operator Name	Grade	License Number
Phone Number	Fax Number	
Mailing Address	Town/City	State Zip Code

5. Secondary Certified Drinking Water Operator (if any): ☐ No Change

Status: OIT ☐ Full ☐

Secondary Certified Operator Name	Grade	License Number
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6. If you use a contract certified operator, does your system have a signed Public Water System Certified Operator Compliance Notice approved by the MassDEP? ☐ Yes ☐ No

7. Population Served (Daily Average): ☐ No Change

Winter Population (October – March): _____

Summer Population (April – September): _____

8. Meter information:

a. Percentage of system metered: _____ %

b. Do you have a master meter? ☐ Yes ☐ No

9. System Information: ☐ No Change

a. Number of Service Connections: _____

10. Emergency Response Plan (ERP):

Do you have an Emergency Response Plan?

☐ Yes ☐ No

DO NOT submit your ERP to the MassDEP. The MassDEP will review the ERP during your next sanitary survey.

C Cross Connection Control Program

1. Has the MassDEP approved your Cross-connection Control Program plan? ☐ Yes ☐ No

If Yes, what is the date of the MassDEP's approval letter _____
 mm/dd/yyyy

If No, Please contact the MassDEP Boston Office at 617-292-5770 and ask for a copy of the Cross-connection Control Program Plan Questionnaire. Complete the questionnaire and submit it to the MassDEP Boston Office, One Winter St. 6th floor Boston, MA 02108 Attn: Non Community CCCP

Be aware: 310 CMR 22.22 requires all PWS to have an approved and fully implemented CCCP Program.

Please
 Attach a
 copy of the
 approval
 letter.



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Drinking Water Program
2005 Public Water Supply Annual Statistical Report
 For NTNC Public Water Systems-Reporting Period 1/1/2005 – 12/31/2005

<u>NTNC</u>
PWSID#:
Name:
City/Town:

C Cross Connection Control Program (cont.)

2. Has your system been surveyed at least once for cross-connection? ☐ Yes ☐ No

If Yes, provide the date when the most recent cross-connection survey was conducted? _____

mm/dd/yyyy

Who conducted the cross-connection survey?

 Name

 MA Cert #

 Phone

If No, when do you plan to have your system surveyed for cross-connection? _____

mm/dd/yyyy

Be aware: 310 CMR 22.22 requires all PWS to conduct a cross-connection survey of their water distribution lines.

3. Has your system undergone any plumbing changes since your last cross-connection survey?

☐ Yes ☐ No

If Yes, Has your system been re-surveyed after the plumbing changes? ☐ Yes ☐ No

Who conducted the cross connection survey?

 Name

 MA Cert #

 Phone

If No, when do you plan to have your system re-surveyed for cross-connection? _____

mm/dd/yyyy

RPBP =
 Reduced
 pressure
 backflow
 preventors

4. Are there any cross-connection(s) within your system protected by: RPBP: ☐ Yes ☐ No
 If the answer is no in both questions, go to question #7. DCVA: ☐ Yes ☐ No

DCVA =
 double
 check valve
 assemblies

5. Total # of RPBP(s) installed: _____ Total # of DCVA(s) installed: _____
 6. Have the RPBP(s) and DCVA(s) been inspected and tested in accordance with 310 CMR 22.22(13)
☐ Yes ☐ No

Be aware: RPBPs are required to be tested semi-annually and DCVAs are required to be tested annually.

7. Are all the outside threaded outlets protected with an atmospheric vacuum breaker (hose bib)?
☐ Yes ☐ No

If No, when do you plan to install hose bibs on the outside outlets: _____

mm/dd/yyyy

8. Have there been any occurrences of backflow in your system during the reporting period?

☐ Yes ☐ No

If Yes, please provide dates and a brief description of the event(s) (if necessary attach a separate list.)



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
2005 Public Water Supply Annual Statistical Report
 For NTNC Public Water Systems-Reporting Period 1/1/2005 – 12/31/2005

NTNC

PWSID#:

Name:

City/Town:

D Water Production & Consumption Information

1. Water Production and Consumption Summary for Last Year (2005):

[Conversion factor is (# cubic feet)(7.481) = (# of gallons)]

As of 12/31/2001 all systems were required to comply with 310 CMR 22.04(6). Which requires all PWSs to be metered.

Month	(1) Amount pumped from own sources	(2) Amount purchased from other systems*	(3) Amount sold to other systems**	Net Water Consumption (1) + (2) – (3) = Net
Withdrawal Units (check one)	<input type="checkbox"/> : Gallons (GAL) or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
TOTAL				

Maximum Daily Consumption:

☐: GAL OR ☐ MG

Volume

Date (mm/dd/yyyy)

* If purchasing water, list the systems you purchase from, use the same units as above.

Name(s)	PWS ID #	Total Amount for Last Year
---------	----------	----------------------------

Name(s)	PWS ID #	Total Amount for Last Year
---------	----------	----------------------------

** If selling water, list the systems you sell to, use the same units as above.

Name(s)	PWS ID #	Total Amount for Last Year
---------	----------	----------------------------

Name(s)	PWS ID #	Total Amount for Last Year
---------	----------	----------------------------

2. Consumption by service type:

Please breakdown the consumption of your system into the percent used in each service type that are applicable.

Type	%	Type	%
Day Care Center		Other Residential	
Dispenser		Other Transient	
Homeowners Association		Recreation Area	
Hotel/Motel		Residential Area	
Highway Rest Area		Restaurant	
Industrial/Agricultural		Retail Employees	
Interstate Carrier		School	
Institution		Sanitary Improvement District	
Medical Facility		Summer Camp	
Mobile Home Park		Secondary Residences	
Mobile Home Park, Principle Residence		Service Station	
Municipality		Subdivision	
Other Area		Water Bottler	
Other Non-Transient Area		Wholesaler	



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
2005 Public Water Supply Annual Statistical Report
 For NTNC Public Water Systems-Reporting Period 1/1/2005 – 12/31/2005

NTNC

PWSID#:

Name:

City/Town:

E Individual Source Statistics

If you have more than four sources or withdrawal points, please use an extra Section E from the MassDEP web page or make photocopies of this page.

Please provide data in the adjacent table for all of your sources (Active, Emergency, Inactive, or Abandoned)

Source Name				
Source ID #				
Source Watershed				
Source Availability* (check one)	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned
Date of Meter Installation	(mm/dd/yyyy) OR <input type="checkbox"/> no meter	(mm/dd/yyyy) OR <input type="checkbox"/> no meter	(mm/dd/yyyy) OR <input type="checkbox"/> no meter	(mm/dd/yyyy) OR <input type="checkbox"/> no meter
Date Last Meter Calibration for this Source	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
Withdrawal Units (check one)	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG
Type of water metered for source	<input type="checkbox"/> Raw or <input type="checkbox"/> Finished	<input type="checkbox"/> Raw or <input type="checkbox"/> Finished	<input type="checkbox"/> Raw or <input type="checkbox"/> Finished	<input type="checkbox"/> Raw or <input type="checkbox"/> Finished
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total Amount Pumped				
Total # of Days Pumped **				
Max. Amount Pumped in a Single Day				
Date Max. Amount Pumped	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)

* The source availability codes are the same as last year's. The following definitions still apply:

Active Source (Formerly: Permanent, Backup, Seasonal, Provisional, Interim) means an approved source(s), monitored and maintained to meet 310 CMR 22.00 and used for primary or backup purposes to meet consumer demand as necessary.

Inactive Source (Other, contaminated) means an approved source(s), which is expected to be off-line for at least one year (12 months). A source may be deemed inactive only upon written approval of the Department. An inactive source may not return to active status without written approval from the Department.

Emergency Source (No change from previous) means any source of water used to supplement or temporarily replace a public water system's active or inactive source(s) when water of sufficient quality or quantity is not available. An emergency source may be placed on-line only after the Department's approval pursuant to a declaration of a state of water emergency under M.G.L. c. 1G § 15-17 or as a requirement of a Department administrative order.

Abandoned Source (Formerly: Other) means a source that is physically disconnected from a public water system and is no longer maintained as an active, inactive, or emergency source. Abandoned source(s) cannot be used as a public water supply source. A source may only be abandoned pursuant to 310 CMR 22.25.

** Total number of days that a source was used during the year.



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
2005 Public Water Supply Annual Statistical Report
 For NTNC Public Water Systems-Reporting Period 1/1/2005 – 12/31/2005

NTNC
PWSID#:
Name:
City/Town:

F Watershed/Ground Water Inspection Report

Please fill out one Section F form for each water source. For an extra Section F, please go to the MassDEP web page or make copies of this page as necessary.

Completion and filing of this report meets the requirement-s of the Drinking Water Regulations of Massachusetts 310 CMR 22.21(4) for ground water systems and 310 CMR 22.20A(2)(b) 5.e. and 5.f. for surface water systems.

Source Name	Source ID Number
For the ground or surface source listed:	
1. Is the Zone II or Zone A protected by any of the following local measures? (Check all that apply)	
<input type="checkbox"/> Water supply protection bylaw/ordinance	Year Adopted or Amended _____
<input type="checkbox"/> Water supply protection board of health regulation	Year Adopted or Amended _____
<input type="checkbox"/> Wellhead or Surface water protection plan	Year _____
2. During your inspections of the water supply protection areas did you identify any new land uses or activities that pose a threat to drinking water quality? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please describe: _____	
3. Did you identify any violations of state or local land use controls last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, did you report those violations to the local inspector of buildings, building commissioner, local board of health or department of health? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please describe violations and resolutions: _____	
4. If this is a groundwater source, is the Zone I entirely owned and/or controlled by the water supplier? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, please describe Zone I land use(s): _____	
5. Do you have a Watershed or Wellhead Protection Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, list what organizations the committee members represent? (i.e. citizen's groups, local government, business groups, etc.)	
6. If there are any changes to your Zone I a map showing the changes must be attached to this report. (a map can be found on our web page at http://www.mass.gov/dep/water/approvals/dwsforms.htm under the heading of 'Statistical Reporting.')	



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
2005 Public Water Supply Annual Statistical Report
NTNC Public Water Systems-Reporting Period 1/1/2005 – 12/31/2005

NTNC -2005

NTNC

PWSID#:

Name:

City/Town:

Attachment 1 - Emergency Response Plan Directory

1 Local Authorities

Please complete all items of this form, return 2 copies to the MassDEP Drinking Water Program's Boston Office with your Annual Statistical Report, and keep a copy in an accessible location along with the rest of your emergency response information. Please keep this information up-to-date.

a. Fire Department:

Name	Title	Phone
Fax	Email	

b. Police Department:

Name	Title	Phone
Fax	Email	

c. Health Department:

Name	Title	Phone
Fax	Email	

d. Town Official(s)/Elected Official(s): (if publicly owned)

Name	Title	Phone
Fax	Email	
Name	Title	Phone
Fax	Email	

2 Water Supply Responsible Authorities

a. Primary Certified Operator:

Name	Work Phone	Home Phone
Fax	Email	

b. Secondary Certified Operator:

Name	Work Phone	Home Phone
Fax	Email	

3 Local News Media

a. Newspaper(s):

Name	Phone
Fax	Email

b. Radio Station(s):

Name	Phone
Fax	Email



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
2005 Public Water Supply Annual Statistical Report
NTNC Public Water Systems-Reporting Period 1/1/2005 – 12/31/2005

NTNC -2005

NTNC

PWSID#:

Name:

City/Town:

3 Local News Media (cont.)

c. Television Station(s):

Name Phone

Fax Email

d. Other Media (e.g. Short-wave Radio Operator(s))

Name Phone

Fax Email

4 Contact or Notify

Examples of
Special
Users are
hospitals,
nursing
homes, and
prisons.

a. Specials User(s):

Name Email Phone

Address Fax

b. Waterworks Contractor(s):

Name Email Phone

Address Fax

c. Hazardous/Toxic Clean-up Contractor(s):

Name Email Phone

Address Fax

d. Replacement (rental/purchase)/Repair Supplier(s):

Name Email Phone

Address Fax